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FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE Reset Form	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 07/2004) REPORT
Steve Olson for State Representative	For Office Use Only Comm. # 38 7
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Cendidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (8) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:	Logged in Scanned Computer Audited
Candidate Name Rolitical Party (If applicable)	Late reports are subject to
Steve Olson JAN 1 2 2005 Republican District (if Senate or House)	possible civil and criminal
	penalties.
State Representative 83	
SIGNATURE OF PERSON FILING REPORT TELEPHONE	DATE SIGNED
I AM FILING A REPORT FOR (1) ELECTION /	2)NON-ELECTION YEAR.
(report date) Indicate by #	
	_
CHECK IF AMENDMENT TO REPORT DATED January 19, 2005	al Committees, enter Date of Election
Check If this is final (termination) report and attach Notice of Dissolution Form DR-3.	inty & Local Committees, enter County in
(You must continue to file reports until a DR-3 is filed.)	ch Election is held
<u> </u>	
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$ 3568.56
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	250.00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
	\$ 3,818.56
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	4 3,510.50
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	450.45
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (If final report balance must be zero) (Attach DR-3)	3,368.11
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 2,785.32
→OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES VNO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0

For Instructions, See Back of Form CONTRIBUTIONS – MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Steve Olson for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONT	RIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID# CK# ₅₀₇	Smithfield Foods Inc., PAC 499 Park Avenue, 5th Floor New York, NY 10022			\$200.00	
	ID# CK#	Unitemized Contributions			50.00	
·	ID#					
	CK#					
	ID#					
	CK#					
	1D#				,	
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	CK#		:			
				SUB-TOTAL	\$ 250.00	
	J	TOTA	L (<i>If last pag</i> e	of this schedule)	250.00	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of coneanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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1	Reset Form	
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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Steve Olson for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursament) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/18/04	ID# CK#1047	Steffens Tap Calamus, IA 52729	Victory Party	\$ 450.45
	ID#			
	CK#			
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	ID#			
	CK#			
			SUB-TOTAL	\$ 450.45
			TOTAL (if last page of this schedule)	\$ 450.45

THIS BOX	APPI I	ES TO	CANDIDA	TES' (COMMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventorled on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedulo G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	of

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	IN IVINIO
COMMITTEE NAME (Must be some as on Statement of Organization) Steve Olson for State Representative	(Rev. 06/97)	IN KIND CONTRIBUTIONS
		(THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/27/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		Printing	\$ 1,500.00	
10/27/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		Postage	950.00	
11/02/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		GOTV Calls	10.27	
11/11/04	Republican Party of Iowa 621 East 9th DesMoincs, IA 50309		Radio/TV AD	150.00	
10/30/04	Clinton County Republican Women's Club Clinton, IA 52732		Newspaper Ad	175.05	
		7			
		<u> </u>	SUB-TOTAL	\$ 2,785.32	
			TOTAL (if lest page of this schedule)	2,785.32	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

DISCLOSURE SUMMARY	PAGE	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement	of Organization)	(Rev. 07/20	004) REPORT
Steve Olson for State Representative		For Office U	1381
IMPORTANT: Indicate by # type of committee you are report (1)Statewide/Legislative/Judge Standing for Retention Cand (4)County Central Committee (5)County Candidate (6)CiPolitical Subdivision Candidate (8)County PAC (9)City Subdivision PAC (11) Local Baron (11)County PAC (12)City CANDIDATE COMMITTEES ONLY (13)CITY CANDIDATE COMMITTEES ONLY (13)CITY CANDIDATE COMMITTEES ONLY (13)CITY CANDIDATE COMMITTEES ONLY (13)CITY CANDIDATE COMMITTEES ONLY (14)CITY CANDIDATE COMMITTEES ONLY (15)CITY CANDIDATE COMMI	lidate (2) State PAC (3) State Party ty Candidate (7) School Board or Other chool Board or Other Political	Computer _	W e
Candidate Name	Political Party (if applicable)	Lete reports	oro subject to
Steve Olson JAN 1 0 20	Republican		s are subject to ril and criminal
Office Sought State Representative	histrict (if Senate or House)	penalties.	
State Representative EIED			
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DA	TE SIGNED
I AM FILING A January 19, 2005 (report date)	REPORT FOR (1) ELECTIO		ION YEAR.
(report date)	mulcate by	7 []	
CHECK IF AMENDMENT TO REPORT DATED		Local Committees, e	nter Date of Election
Check if this is final (termination) report and attach N (You must continue to file reports until a DR-3		County & Local Com which Election is hel	mittees, enter County in d
STATE	MENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period committee. This amount MUST be the same a of the last reporting period or must be zero if the last rep	and the countries of the countries of the countries of	3,568.5	6
ADD TOTAL MONEY TAKEN IN THIS PERIO			
Schedule A: Cash Contributions total (Attach	Schedule A) (*also see in-kind below)	<u>250.00</u>	
Schedule F: Loans Received total (Attach Sch	nedule F)	<u>0</u>	
Schedule H: Total Sales of Campaign Proper	ty (Attach Schedule H)	<u>0</u>	
(Schedule H applies to Candidates	' Committees Only)		
	SUB-TOT	AL\$ 3,818.56	
SUBTRACT TOTAL MONEY SPENT THIS P	ERIOD		
Schedule B: Expenditures total (Attach Sched	tule B) (**also see debts and loans be	ow) <u>450.45</u>	
Schedule F: Loan Repayments total (Attach S	Schedule F)	<u>0</u>	
CASH ON HAND at the end of this reporting period (if the beczero) (Attach DR-3)	final report balance must	3 368 11	
**UNPAID BILLS (From Schedule D - Attach Schedule	D)	\$ 0	
*IN KIND CONTRIBUTIONS (From Schedule E - Attac			:7
**OUTSTANDING LOANS (From Schedule F - Attach			
CANDIDATE COMMITTEES ONLY:	Consumer J	<u> </u>	_
CONSULTANT BREAKDOWN (Schedule G Attached?	?)		YES NO

FORM

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions, See Back of Form

Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Steve Olson for State Representative	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOF FUND- RAISER INCOME
	ID# CK# ₅₀₇	Smithfield Foods Inc., PAC 499 Park Avenue, 5th Floor New York, NY 10022		\$200.00	
,	ID# CK#	Unitemized Contributions		50.00	
	ID#				
	ID#				
	CK#				
	ID# CK#				
	ID# CK#				
	ID#				
<u></u>			SUB-TOTAL	\$ 250.00	
		TOTAL (if last pa	ge of this schedule)	£ 250.00	

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)	
Steve Olson for State Representative	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/18/04	ID# CK#1047	Steffens Tap Calamus, IA 52729	Victory Party	\$ ^{450.45}
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
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	ID#			
	CK#			
			SUB-TOTAL	\$ 450.45
			TOTAL (if last page of this schedule)	\$ 450.45

THIS BOX APPLIES	TO CANDIDATES' C	OMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1	of	1
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FOR INSTRUCTIONS	SEE BACK OF FORM
FOR INSTRUCTIONS	SEE BACK OF FORM

OR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE	IN KIND
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 06/97)	
Steve Olson for State Representative		_	
	Reset Form		K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/27/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		Printing	\$ 1,500.00	
10/27/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		Postage	950.00	
11/02/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		GOTV Calls	10.27	
11/11/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		Radio/TV Ad	150.00	
SUB-TOTAL				\$ 2,610.27	
TOTAL (if last page of this schedule)				\$ 2,610.27	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of 1 (for Schedule E)